Attorney Docket No. DKT 00065 (BWI-00056)

## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

the specification of which

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## BRAKE BANDS FOR AN AUTOMATIC TRANSMISSION AND METHOD FOR CONTROLLING A GEAR SHIFT IN AUTOMATIC TRANSMISSION AND FEEDBACK LOOP CONTROL SYSTEM

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[X] is	attached here	to.					
[ ] w	as filed or and	n I was amended	d on	as	Application (if a	Seri pplicab	
I hereby state t specification, in	hat I have revies	ewed and unde ims, as amend	erstand the	e con amen	tents of the a	above-i ed to a	dentified bove.
I acknowledge this application with Title 37,Co	or to the pate	entability of the	e inventio	n clai	aterial to the med therein	examii in acc	nation of cordance
I hereby claim 119(a)-(d) of a and have also i	ny foreign appl dentified below	lication(s) for p any foreign al	patent or polication	inven for pa	tor's certifica atent or inver	ite liste	d helow
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(Number)	PRIC (Co (Co	ountry) untry) der Title 35, U	APPLICAT  (Day/Mo  (Day/Mo	onth/Y	ear filed)	Priori Yes Yes	No No
(Number) (Number) I hereby claim	(Co (Co the benefit und	ountry) untry) der Title 35, U	(Day/Mo (Day/Mo (Day/Mo Inited Stat d below:	onth/Y	ear filed) ear filed) ode, Section	Priori Yes Yes	No No
(Number) (Number) I hereby claim United States P	PRIC (Co (Co the benefit und rovisional appli PRIOR	ountry) untry) der Title 35, Uication(s) listed	(Day/Mo (Day/Mo (Day/Mo Inited Stat d below:	onth/Y es Co	ear filed) ear filed) ode, Section	Priori Yes Yes	No No
(Number) (Number) I hereby claim United States P	PRIC (Co (Co the benefit und rovisional appli PRIOR	ountry) untry) der Title 35, Uication(s) listed	(Day/Mo (Day/Mo (Day/Mo Inited Stat d below:	TION(  ponth/Y  ces Co	ear filed) ear filed) ode, Section ONS 2000	Priori Yes Yes	No No

## **DECLARATION AND POWER OF ATTORNEY**

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status – patented, pending, abandoned		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint **Greg Dziegielewski**, Reg. No. 28073, **Marc Luddy**, Reg. No. 33061, and **Philip R. Warn**, Reg. No. 32775, my attorney with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I request the Patent and Trademark Office to direct all correspondence relative to this application to:

BorgWarner Inc.
Patent Department
3001 West Big Beaver Road – Suite 200
P.O. Box 5060
Troy, Michigan 48007-5060
Attn: Patent Docket Administrator

and direct all telephone calls to Philip R. Warn at (248) 364-4300.

Full name of sole or first inventor: Anthony J. Grzesiak
Inventor's signature:
Date:
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Citizenship: United States of America
Post Office Address: Same as above

## **DECLARATION AND POWER OF ATTORNEY**

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Inventor's signature:
Date:
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